



GP/3621.

PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	09/447,912
	Filing Date	November 23, 1999
	First Named Inventor	Gunner D. Danneels
	Group Art Unit	3621
	Examiner Name	James A. Reagan
Total Number of Pages in This Submission	Attorney Docket Number	42390P7609

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)  Remarks	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Return Receipt Postcard</div>

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Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 17, 2002

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on: <b>September 17, 2002</b>			
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<b>FREE TRANSMITTAL</b> <b>for FY 2002</b> <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>		
		Application Number	09/447,912	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	November 23, 1999	
		First Named Inventor	Gunner D. Danneels	
		Examiner Name	James A. Reagan	
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	Group/Art Unit	3621
		Attorney Docket No.	42390P7609	

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> None <input type="checkbox"/> Deposit Account		<b>3. ADDITIONAL FEES</b>																																															
Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP																																																	
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																																	
<b>FEE CALCULATION</b>																																																	
<b>1. BASIC FILING FEE</b>																																																	
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<b>2. EXTRA CLAIM FEES</b>																																																	
Total Claims: 22 - 22* = 0 x 18.00 = \$0.00 Independent Claims: 3 - 3* = 0 x 84.00 = \$0.00 Multiple Dependent:                      =                      =                      =																																																	
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879
Signature		Telephone	(503) 684-6200
		Date	09/17/02

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